

State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619) Page of Page(s)
THIS SPACE FOR OFFICE USE ONLY

05 APR 12 AH 11:50

SECRETARY OF STATE
STATE OF IDAHO

Lobbyist's name and permanent bus	iness address		Date p	Date prepared Period covered					
Larry The	nton					.6	month end	ding	
+C. 130x 6	(7			4/12/20		(Mo.)	(Day)	(Yr.)	
Wilder ID	83676			7126	المراج	4	30	400 5	
Item Totals of all repor	table expenditures made or	r incurred by Lob	byist or by	Lobbyist's Empl	oyer on behalf o	f Lobby	ist's Emplo	yer.	
Category of Expenditure	* Total Amount for			buted by each emp	loyer (Identify en	nployers,	, under		
Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity	Item 3, at botto				over No. 2 Empley		- No. 4		
Entertainment Food and Refreshment	\$	\$	\$_	inproyer No. 2	Employer N	0.3	Employe \$	1 10. 4	
Living Accommodations									
Advertising									
Travel									
Telephone									
Other Expenses or Services									
Total	s <u>- C -</u>	\$			\$		\$		
*When the number of employ	ers you are reporting for requ	 ires multiple L-3 fo	rms to be file	ed a total amount fo	 or all employers sho	ould be er	ntered on Pag	ge I.	
Item The totals of each expe	nditure of more than fifty of Place		a legislator mount		f public office. of Legislators & Pr	ublic Offi	ciale in Grou	D	
	. 11100							r	
				Pa	STED				
Continued on attached page	STRUCTIONS		Item 3	En	nployer(s) Name(s) and Add	dress(es)		
Who should file this form: 67-6617 Idaho Code.		No.1 Summeting Sheet							
Filing deadline: Monthly month for activities of the pa		No.2							
TO BE FILED WITH:	Ben Ysursa	No.3							
F Bois	cretary of State O Box 83720 e, ID 83720-0080 4-2852 Fax: (208) 334-2	282	No.4						



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619)



\$ APR 12 AH 11:50

SECRETARY OF STATE STATE OF IDAHO

r print clearly in black ink)

	at bottom of page								
Lobbyist's name and permanent busine		Period covered							
Lyrne isente	<u> </u>					month ending			
T. D. Took 66 Wilder, IO	7			e/		(Ma)	(Day)	(V=)	
1.0,100x TO	821-16			4/12/2	602	(Mo.)	(Day)	(Yr.)	
Wilder, 20	OBIR					4	30	2005	
	e expenditures made or	<u> </u>						уег.	
Category of Expenditure Reimbursed Personal Living and Travel	* Total Amount for		oportionate amounts contributed by each employer (Identify employers, under em 3, at bottom of page.)						
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	All Employers	Employer No		1 Employer No. 2 Er		No. 3	Employer No. 4		
Entertainment Food and Refreshment	\$		\$	\$		\$			
Living Accommodations									
Advertising									
Travel								<u> </u>	
Telephone			[
Other Expenses or Services			ĺ						
m					. 0	_			
Total	\$ - 0-	s <u>- 0 -</u>		s <u>- 70 -</u>	\$		\$		
*When the number of employers						nould be en	tered on Pag	ge 1.	
The totals of each expendi	Place		mount		of Legislators & F	Public Offic	ials in Grou	0	
		Į							
						MAG	Dr.		
		1.			4	6.5	FA		
_									
Continued on attached page(s)									
INSTI	RUCTIONS		Item Employer(s) Name(s) and Address(es)						
				Idaho t	ediati	MC M	Hel. 1	155x	
Who should file this form: An	y lobbyist registered u	nder Section	No.1	RAKO	8370	>			
67-6617 Idaho Code.		1	Trib a Trick	50-14	arre	MM	PM/	Local	
Filing deadline: Monthly report month for activities of the past	Iduli Frage Size itentive Mry Contitude No.2 Chickso Brot dentity is ALTW.								
TO BE FILED WITH:			-	Idako Shi	Bro	41801	HEVE	× 145	w.
Be	n Ysursa		No.3	13015Y					
	tary of State Box 83720		(17 de / 4	v 10.				
	D 83720-0080 852 Fax: (208) 334-22	282	No.4	W. Ish	-				
1 Hone. (200) 334-2	002 I IIA. (200) 334-21			-11/018	-				



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3 LOBBYISTS (Sec. 67-6619)



Lobbyist's name and permanent busine			Date prepared Period covered					
LARTE Y BY	ENYEN		month ending					
P. D. Ban a	667		4/1-1					
P. P. 13 ax 4	F (62)	- ,,,	162/2	4/12/2005 (Mo.) (Day) (Yi				
Wildel .	10 00	16		4	30 2005			
Item Totals of all reportab	ole expenditures made o	r incurred by Lobby	ist or by Lobbyist's Emp	ployer on behalf of Lobi	oyist's Employer.			
Category of Expenditure		Proportionate amou	ints contributed by each em	ployer (Identify employe	rs, under			
Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity	* Total Amount for	Item 3, at bottom	of page.)					
Do Not Have to be Reported	All Employers	Employer No.	1 Employer No. 2	Employer No. 3	Employer No. 4			
Entertainment Food and Refreshment	\$	\$	\$. \$	\$			
Living Accommodations								
Advertising								
Travel								
Telephone								
Other Expenses or Services								
Total	\$ -0-	\$ -0-	s -O-	\$ 0-	\$ 0 -			
*When the number of employers	you are reporting for requ	ires multiple L-3 form	s to be filed a total amount	for all employers should be	entered on Page 1.			
Item The totals of each expend								
2 Date	Place	Am	ount Names	of Legislators & Public O	fficials in Group			
		4	A	PO.	STED			
Continued on attached page(s)					-7 60'			
INST	RUCTIONS		3	3 Employer(s) Name(s) and Address(es)				
Who should file this form: A	ny lobbyist registered t	under Section	Am. INST	Hube Of Ar	upitelts.			
67-6617 Idaho Code.			The Line 441 day					
Filing deadline: Monthly rep month for activities of the past)) days of the	Call and title 455 N.					
TO BE FILED WITH:			ID. NaTUN	HATILIC PM	ちんはいろがり			
В	en Ysursa	\	No.3 B/44	1				
	etary of State Box 83720		1 4.1	8 X Van	V. S			
			No.4 - Claho Externetric Misse					
Boise,	ID 83720-0080 2852 Fax: (208) 334-2		10.4 - CAhb	- pure	TYIC MATK			



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

CSec. 67-6619)



See instructions	at bottom of page								
Lobbyist's name and permanent busine	ss address		Date prepared	Pe	eriod covered				
P. O. Bax 6 Wilsh, I	67 67 0 85676)	4/12/2	Mo.) (Day) (Yr.)					
Item Totals of all reportab	le expenditures made or	r incurred by Lobby	yist or by Lobbyist's Emp	loyer on behalf of l	_obbyist's Employer.				
Category of Expenditure Reimbursed Personal Living and Travel	* Total Amount for	Proportionate amo Item 3, at bottom	unts contributed by each employer (Identify employers, under of page.)						
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported	All Employers	Employer No.	1 Employer No. 2	Employer No.	3 Employer No. 4				
Entertainment Food and Refreshment	\$	\$	\$	\$	_ \$				
Living Accommodations									
Advertising					_				
Travel									
Telephone									
Other Expenses or Services									
			- 0 -	0 -					
Total	\$	\$	\$	\$	- \$				
*When the number of employers					ld be entered on Page 1.				
1tem The totals of each expend 2 Date	ture of more than fifty			of public office. of Legislators & Publ	lic Officials in Group				
									
		A	VA	PE	370				
Continued on attached page(s)		ı	ı						
			Item E	Employer(s) Name(s) and Address(es)					
INST	RUCTIONS		ceral, 4rm		s HALF Providu				
Who should file this form: At 67-6617 Idaho Code.	ny lobbyist registered u	ander Section	No.1 CAIHU	91/1					
Filing deadline: Monthly rep month for activities of the past)) days of the	No.2 Bous	Heuro	enclare Ason.				
TO BE FILED WITH:			IO AHR.	of Der. 1-	Sales Alver Happill				
	en Ysursa etary of State		Bare	/	7				
PO	Box 83720	i	The Howe	. of 14.	west Knest wer				
	ID 83720-0080 2852 Fax: (208) 334-2	282	MA CALL						
. Holle, (200) 354-	1 1.1. (200) 054-2								



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-3

LOBBYISTS (Sec. 67-6619)



		See instructions	at bottom of page								
Lobbyis	t's name and	permanent busine	ess address			Date p	repared		Period	d covered	
LATERY BENCTON P. C. Bry 667										month ending	
	P. Q	BN	667				4116	_	0.4-	(D) (V-)	
				,	,		4/12/0	S	(Mo		
	W,	dec 1	TO 83676	5					14	30 2005	
Item 1			le expenditures made or			-					
Reimbursed Personal Living and Travel * Total Amount for Item					nate amour bottom o		ibuted by each empl	oyer (Iden	entify employers, under		
	Not Have to b	obbying Activity e Reported	All Employers	Employer No. 1		E	Employer No. 2 Em		yer No. 3	Employer No. 4	
	inment nd Refreshm	nent	\$	\$		\$.		\$		\$	
Living	Accommod	ations				_ _					
Advert	ising					_ _					
Travel						_ _					
Telepho	one										
Other I	Expenses or	Services									
		Total	5-0-	5 -0	2 -	_ \$	0-	\$		\$	
*1	When the num	ber of employers	you are reporting for requi	res multiple	L-3 forms	to be fil	ed a total amount for	rallemplo	vers should be	entered on Page 1	
Item			iture of more than fifty of							chiefed off rage 1.	
2	Date		Place		Amo					officials in Group	
	.										
	ĺ			1	4//		}				
					N/	9					
						•	1		31		
							1			,	
_				İ						. /	
<u> </u>	Continued on	attached page(s)								600	
		INST	RUCTIONS			Item Employer(s) Name(s) and Address(es)					
						N	4: 130i	Istir.	2 Ox	1 Bouls.	
	should file 617 Idaho C		ny lobbyist registered u	nder Section	on N	ło. Ï	Buist		è '		
		: Monthly rep	oorts due within ten (10) month.) days of tl	ne N	10.2	N. Ashis	tu (4.74	in Month.	
TO	BE FILED V	NITH:									
		В	en Ysursa		N	lo.3					
			etary of State		-						
			Box 83720 ID 83720-0080		N	lo.4					
	Phor		2852 Fax: (208) 334-22	282							

ltem 4				byist or by the lobbyist's elator, or for or on behalf of	mployer in the nature of contributions of money or other tangible or intangible any legislator.						
	D	ate	Amount		Name of Legislator Receiving or Benefited						
Item				tion, the number of the Senate		LEGISLATIVE SUE	BJECT	IDENTIFICATION			
5			Resolution of other	r legislative activity in which	Code	e Subject	Code	Subject			
Subject (from 13 47 11267922223	uable)		esolution or Other tive Ident, Number	Appropriation Bill Number and Section Number	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16	Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, minors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)			
						,					

CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.

Carry Denter April 72005